

## What is the Ontario Health Insurance Plan (OHIP)?

Through OHIP, the Ontario Ministry of Health covers most of the costs of health care for eligible residents of Ontario.

You should register for OHIP coverage when you take up permanent residence in Ontario. You may have to wait three months to be covered. If you are eligible, you will receive a Health Card with your photograph on it.

Tourists, visitors, foreign students and people living in Ontario temporarily are not eligible for OHIP coverage.

Students from other provinces in Canada who are attending school in Ontario are not eligible for OHIP coverage as they are covered by their home province.

## How to register for OHIP

### Here is what to do:

1. Complete and sign the attached form.
2. Complete and sign section G if you want to be an organ and tissue donor and are 16 years or older. You do not have to be an organ and tissue donor to be eligible for OHIP coverage.
3. The Ministry of Health requires proof of citizenship, residence and identity. These documents must be presented when you register. Read the insert to find out the original documents you need.
4. Bring the original documents along with the completed form to any OHIP office listed on this form.
5. If you are 15½ years of age or older, your photograph will be taken when you bring your form and documents to an OHIP office. This photograph will appear on your Health Card, therefore you must register in person for your photograph to be taken.
6. Fill out a separate form for each family member. Health Cards for children under 15½ years of age will not have a photograph. A parent or legal guardian should bring the child's original documents and this form to any OHIP office. If you are separated or divorced, the parent with legal custody must register the child and sign the form.

7. Your Health Card will be mailed to you. It has an expiry date on it. You will need to renew your card before the expiry date.
8. If any of the information you have given on this form changes after you receive your Health Card, you must complete a Change of Information form. You can get this form at any OHIP office.
9. You must notify the Ministry of Health if you change your address. It is your responsibility to forward this information to ensure your health record is kept up to date.
10. The ministry provides services in two official languages. In section A choose if you want to receive information in English or French.

**If you have any questions,  
please call 1 800 268-1154.  
In Toronto, call (416) 314-5518.  
For TTY call 1 800 387-5559.**

**Or Call the Automated Information System  
at 1 800 664-8988.  
In Toronto, call (416) 327-7567.**



Please print and use a blue or black pen.

### A. Personal information

Last name		First name		Middle name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth (year/month/day)		Official language preference? <input type="checkbox"/> English <input type="checkbox"/> French		Have you ever had an Ontario Health Number? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, what was the number?	
Home telephone no. ( )		<input type="checkbox"/> no phone		Work or other telephone no. ( ) ext. ( )			
Have you recently left the Canadian Forces, RCMP or a federal penitentiary?		<input type="checkbox"/> yes <input type="checkbox"/> no		If yes, when were you discharged? (y/m/d)			

### B. Mailing address

Street no. and name, or P.O. box number, R.R., General Delivery			Apartment	
City	Province	Postal code	Country	

### C. Residence address – if different from mailing address

Street no. and name, lot, concession, and township		Apartment	City	Province	Postal code
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### D. Residence in Ontario

Have you lived in Ontario since birth? <input type="checkbox"/> yes <input type="checkbox"/> no		How long do you plan to live in Ontario? year month		Are you a student? <input type="checkbox"/> yes <input type="checkbox"/> no	
If no, complete this section. If yes, go to section E. Where did you move from? (street number and name)		Apartment	City	Province	Country
When did you move to Ontario? (y/m/d)		When did you leave the above address? (y/m/d)		Former telephone no. ( )	
If you moved from another part of Canada, were you covered by a government health plan? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, what was your health number?			
Are you a Canadian citizen returning to Canada? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you an immigrant returning to Canada? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you a new immigrant? <input type="checkbox"/> yes <input type="checkbox"/> no	

### E. Citizenship status

<input type="checkbox"/> Canadian	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Landed immigrant	<input type="checkbox"/> Convention refugee	<input type="checkbox"/> Other (specify) _____
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### F. Agreement

- I confirm that:
- I make my permanent and principal home in Ontario.
  - I will be living in Ontario for at least 6 months (183 days) in the 12-month period immediately after this application.
  - I must not be absent from Ontario for more than 30 days within the first 6 months immediately after this application.
  - If there is a change in name, address, citizenship or immigration status, I must tell the Ministry of Health within 30 days of the change.
  - The information I have given in this application, and in the documents I have provided, is true and accurate.
  - The Ministry of Health may check my resident status and any information I have given in this form and in the documents I have provided.
- I understand that:
- For verification this information may be collected from, and disclosed to, government and non-government organizations, if the law allows it.

Signature of <input type="checkbox"/> applicant <input type="checkbox"/> parent <input type="checkbox"/> legal guardian	Date
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Collection of the personal information as described on this form is for determination of eligibility for health coverage, health planning and coordination, and administration of the Health Insurance Act and Ontario Drug Benefit Act. The authority for the collection and use of this information is the Health Insurance Act, R.S.O. 1990, c. H.8, s.4.1(1) and (2) and the Ontario Drug Benefit Act, R.S.O. 1990, c. 10, s.13(1) and (2). The information collected may be verified by comparing it with information collected from other government and non-government organizations where permitted by law. For information about collection practices, call 1 800 268-1154, in Toronto (416) 314-5518, or write to the Director, Registration and Claims Branch, Box 48, 2nd floor 48 Place d'Armes, Kingston ON K7L 5J3.

### See the back of this form for the organ and tissue donor consent section.

Ministry of Health use only		Health Number		Version code		Processing Clerk		
						Date	Number	Initials
Citizenship	Name on document		Cit type		Effective date		End date	
	Document type		Issue date	Expiry date	Issued by	Document no.	Client I.D.	
	Document type	Document source	Ident.	Document type	Document source	Organ donor	Exemptions <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> S	



You must have three different original documents to register for health coverage.

- ✓ One document must show your proof of Canadian citizenship or immigration status.
- ✓ A different document must show your name and home address to prove your residency in Ontario.
- ✓ Another document must show your name and signature to prove your identity, to show you are the person you say you are.

You may be asked for additional documents.

Always tell the Ministry of Health when you change your address. We must have your current address so your health record is kept up to date.

A parent or legal guardian can register children younger than 15½ years of age. Children do not have to be present to be registered as there is no photograph on their Health Card.

If you want to be an organ and tissue donor and are 16 years or older, you can consent to organ and tissue donation on this form.

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(Disponible en version française)

## G. Organ and tissue donor consent

Read the organ and tissue donor information provided by the ministry.

Check **only one box**.

Check **Yes** if you wish to consent to organ and tissue donation. Complete the section below and sign.

- ☐ **Yes.** I understand that donating my organs and tissues may save or improve someone's life.
- ☐ **Not at this time.** Please consult with my family at the time of my death.
- ☐ **No.** I do not wish to consent to organ and tissue donation.

Complete this section if you are 16 years or older and you want to be an organ and tissue donor. You do not have to be a donor to be eligible for health coverage.

### 1. Transplant

- ☐ **Yes.** I am willing to donate any needed organs and tissues for transplant after my death.

**But not my:**

- a. ☐ kidneys c. ☐ eyes e. ☐ liver g. ☐ skin
- b. ☐ heart d. ☐ bone f. ☐ lungs h. ☐ pancreas

### 2. Transplant and research

- ☐ **Yes.** I am willing to donate any needed organs and tissues for transplant after my death or for medical research if they cannot be used for transplant.

**But not my:**

- a. ☐ kidneys c. ☐ eyes e. ☐ liver g. ☐ skin
- b. ☐ heart d. ☐ bone f. ☐ lungs h. ☐ pancreas

### Agreement

I have read the organ and tissue donor information provided by the ministry.

I **understand** that:

- The Ministry of Health will collect and store the information about my choice to donate my organs and tissues.
- The word *donor* and a code showing health care professionals which donation choice I have made will appear on the back of my Health Card. They will be visible whenever I present my card.
- I do not have to be an organ and tissue donor to be eligible for health coverage.
- I am 16 years of age or older.
- I can change my organ and tissue donation choice at any time.

Signature

Date

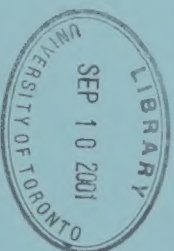
The authority to collect the personal information described above is Section 4 of the *Human Tissues Gift Act*. The information will be used to facilitate organ transplants and research in Ontario. For information about collection practices, call 1 800 268-1154, in Toronto (416) 314-5518, or write to the Director, Registration and Claims Branch, Box 48, 2nd floor, 48 Place d'Armes, Kingston ON K7L 5L3.

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Registration for  
Ontario Health  
Coverage



Complete this registration form if you live in Ontario and do not have Ontario health coverage.

You will need a separate form for each member of your family.

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